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Fax

To: Commissioner for Patents
Examiner: Olumide T. Ajibade-Akonai
From: Owen J. Gamon
Group Art Unit: 2617
Serial No: 10/660,218
Inventor: Gregory R. Hintermeister
Filed: September 11, 2003
Confirmation Number: 7694
Title: Relaying of Messages
Attorney Docket: ROC920030242US1

Fax: 571-273-8300 **Pages:** 15
Phones: 571-272-6496 **Date:** July 17, 2006
Re: 10/660,218 **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:**

Attached is an amendment under 37 CFR 1.111.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Amendment/Response Transmittal

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In re application of: Gregory R. Hintermeister, et al. Group Art Unit: 2617
 Serial No.: 10/660,218 Confirmation No.: 7694
 Filed: September 11, 2003 Examiner: Olumide T. Ajibade-Akonai

For: Relaying of Messages

Filed via Fax
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an Amendment/Response in the above-identified Application.

No additional fee is required.

The filing fee has been calculated as follows:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra
Total	11	- 20	= 0
Independent	4	- 4	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			

Other Than Small Entity

Rate	Additional Fee
x \$50.00=	\$00.00
x \$200.00=	\$00.00
\$360.00	\$00.00
TOTAL	\$00.00

CERTIFICATE OF TRANSMISSION UNDER
37 C.F.R. 1.8

I hereby certify that the enclosed or attached correspondence is being transmitted via facsimile to the Commissioner for Patents, 571-273-8300 on July 17, 2006.



Owen J. Gamon

Docket No. ROC920030242US1

Serial No. 10/660,218

- 1 -

Request for Extension of Time:

Applicants respectfully request a ___ month extension of time to respond to the Office Action dated ___/___/. Please charge Deposit Account 09-0465 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

Deposit Account Authorization:

Please charge Deposit Account No. 09-0465 in the amount of \$ _____, the Additional Fee calculated above. A duplicate copy of this sheet is enclosed.

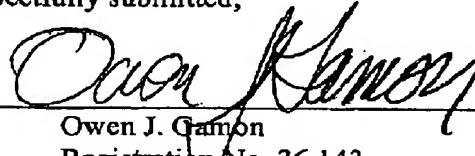
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0465. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. §1.16.

Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

By


Owen J. Gamon
Registration No. 36,143Date: July 17, 2006

IBM Corporation
Intellectual Property Law, Dept. 917
3605 Highway 52 North
Rochester, MN 55901-7829

(651) 645-7135 voice
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Docket No. ROC920030242US1
Serial No. 10/660,218

- 2 -

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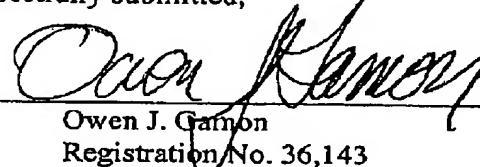
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 17, 2006, please amend the above-identified patent application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.